



Remuera Montessori Enrolment Agreement Form

◆ Child's details:

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:
(please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name:

Given name:

Copy of official identity verification document* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's date of birth: / /

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

DO YOU WANT TO APPLY FOR A CHILDCARE SUBSIDY? Yes / No

WHERE DID YOU HEAR ABOUT US?

Yellow Pages

.... Google Search:

Flyer

..... Website

Friends/Referral

.... Other:.....

◆ Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.

You can find more information about national student numbers at: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

Any changes to this form **must** be signed and dated by the parent/guardian.

| Parents / Guardians: | |
|---|-------------------------------|
| 1. Given names: | 2. Given names: |
| Surname / family name: | Surname / family name: |
| Address: | Address: |
| Post Code: | Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |
| Occupation: | Occupation: |
| Relationship to child: | Relationship to child: |
| 3. Given names: | 4. Given names: |
| Surname / family name: | Surname / family name: |
| Address: | Address: |
| Post Code: | Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |
| Occupation: | Occupation: |
| Relationship to child: | Relationship to child: |
| Additional person/s who can pick up your child: | |
| Given names: | Given names: |
| Surname / family name: | Surname / family name: |
| Address: | Address: |
| Post Code: | Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Relationship to child: | Relationship to child: |
| Custodial Statement | |
| Are there any custodial arrangements concerning your child? | |
| If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required) | |
| | |
| | |
| Person/s who <u>cannot</u> pick up your child: | |

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| | |
|--|-------------------------------|
| Name: | Name: |
| Name: | Name: |
| Additional Emergency Contacts (also able to pick up child): | |
| 1. Given names: | 2. Given names: |
| Surname / family name: | Surname / family name: |
| Address: | Address: |
| Post Code: | Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |
| Relationship to child: | Relationship to child: |
| 3. Given names: | 4. Given names: |
| Surname / family name: | Surname / family name: |
| Address: | Address: |
| Post Code: | Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |
| Relationship to child: | Relationship to child: |

| | |
|--|---|
| Child's doctor: | |
| Name: | Phone: |
| Name of medical centre: | |
| Health | |
| Please outline any illness, allergies or special medical conditions: | |
| Does your child have any special care or dietary requirements: | |
| Documentation to support request: | |
| Is your child up-to-date with immunisations? | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (Please provide verification of all immunisations) | |
| For staff: Immunisation records sighted and details recorded: | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |

| |
|--------------------------------|
| Medicine |
| Category (i) Medicines: |

Any changes to this form **must** be signed and dated by the parent/guardian.

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

Note: The service must provide specific information about the category (i) preparations that will be used.

Do you approve category (i) medicines to be used on your child?

Tick One

Yes

No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

▪ Arnica

▪ Nappy rash cream

▪ Teething gel

▪ Insect bite cream

▪ Antiseptic cream

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Category (ii) Medicines:

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Category (iii) Medicines:

This section is to be filled in only if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.

For staff: Individual health plan sighted and a copy taken:

Tick One:

Yes

No

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Enrolment Details:

Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

Any changes to this form **must** be signed and dated by the parent/guardian.

| | | | | | | |
|---|--------|---------|-----------|----------|--------|--------------|
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Times Enrolled: | | | | | | Total hours: |
| For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours | | | | | | |
| 20 Hours ECE at this service | | | | | | Total hours: |
| 20 Hours ECE at another service | | | | | | Total hours: |
| Parent/Guardian Signature: _____ Date: ____/____/____ | | | | | | |

| | |
|---|--|
| ◆ 20 Hours ECE Attestation: | |
| 1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? | <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Is your child receiving 20 Hours ECE at any other services? | <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes to either or both of the above, please sign to confirm that: | |
| <ul style="list-style-type: none"> ▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services. ▪ You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE. ▪ You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box. | |
| Parent/Guardian Signature: _____ Date: ____/____/____ | |

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◆ Dual Enrolment Declaration

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at Remuera Montessori.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. Remuera Montessori is open every week of the year and is only closed on Statutory Holidays. Normal fees are charged for statutory holidays.

Authorisation Agreement:

- **Policy Statement:** Remuera Montessori has a number of policies that set out the procedures that are in place for the care and education of the children who attend the centre. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by our policies, and understand how you can have input to policy review.
- **Medical authority:** I authorise a senior staff member, in the event of illness or accident, to seek medical, or other advice as deemed necessary, for my child's best interest.
- **Excursions:** My child has my permission to participate in local community walks with other children and appropriate staff ratios. A trip to the local library is a regular trip for preschool children. 1:2 for children under two & 1:3 for children over 2.
Parent/Guardian signature: _____ **Date:** _____
- **Fees:** I agree to pay childcare fees as per the Centre's attached Terms of Trade and understand that any costs incurred in the recovery of overdue fees will be payable by me. I agree to pay interest on my overdue fees if I fall behind more than 2 weeks.
- **Holidays:** I am aware that fees are still payable when my child is absent. I am entitled to up to 4 weeks holiday per year at 50% discount (with 2 week's written notice).
- **Photos:** As part of the planning process we gather art work and photos of all children. I agree that my child may have his/her photo taken. I give permission for the use of photos and names to be used on the Remuera Montessori Facebook page and website, and used for Remuera Montessori promotional material.
Parent/Guardian Declaration: _____ **Date:** ____ / ____ / ____
- **Sunscreen protection:** I agree that staff may apply sunscreen to my child as per Sun Sense Policy
- **Authorisation:** I have read this agreement along with the Centre Information pack and Centre Policies and agree to accept the conditions stated therein.

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Service Declaration

On behalf of Remuera Montessori I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____

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